

**Diabetes Care Guelph Self-Referral Form**

83 Dawson Road/176 Wyndham Street North /33 Farley Drive  
Guelph ON

Phone: 519-840-1964 Fax: 519-840-1963

Our Clinic supports those who:

- Are over the age of 18 years
- Have been told they have Diabetes, Prediabetes or at risk of developing Diabetes
- Live or work in Guelph or have a Family Doctor in Guelph

**Please fill out the following information and drop it off or fax to our clinic.**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Best phone number to reach you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Date of Birth (dd/mm/yyyy): \_\_\_\_\_ OHIP # \_\_\_\_\_

Why would you like to come to our clinic? \_\_\_\_\_  
How quickly would you like to be seen? \_\_\_\_\_

Which type of Diabetes do you have? Type 1  Type 2  Pre-Diabetes  Not sure

Are you pregnant? Yes  No  If pregnant, when is your due date? \_\_\_\_\_

Have you seen an Endocrinologist (Diabetes Doctor) about your diabetes? Yes  No

Have you attended Diabetes education in the past? Yes  No

Would you like an interpreter? Yes  No  Language: \_\_\_\_\_

Do you have a Family Doctor/Nurse Practitioner? Yes  No

Doctors/Nurse Practitioners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*\*By completing this form you are giving our clinic permission to contact your doctor for more information if required \*\***

Thank you for submitting this self-referral, someone from our clinic will be contacting you soon.